AUG-03-2004 TUE 11:26 AM CANTOR COLBURN LLP



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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Miblicai	it: W. David Conley)
Scrial N	o.: 09/475,531) Group Art Unit: 2643
Filed:	December 30, 1999	Examiner: Due Nguyen
Ç	METHOD AND SYSTEM FOR CHARGING A SET ACTIVATION FEE FOR PAY TELEPHONE USAGE)))

I hereby certify that this correspondence is being transmitted to the United States Patent & Trademark Office via facsimile to facsimile Number 703-872-9306 on August 3, 2004

Sheila Smedick

Dienta medelo 8-3-04

Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

RESPONSE TO FINAL OFFICE ACTION

Applicant respectfully requests entry of the following amendments and remarks contained herein in response to the Office Action mailed June 3, 2004. Applicant respectfully submits that the amendments and remarks contained herein place the instant application in condition for allowance.

Serial No. 69/475,531 December 30, 1999 Due Nguyen RECEIVED FOR PAY TELEPHONE USAGE TO THE COMMISSIONER FOR PATENTS: Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. CLAIMS AS AMENDED CLAIMS REMAINING HIGHEST # AMENDED AFTER AMENDMENT PREV. PAID FOR CLAIMS PRESENT RATE FEE TOTAL CLAIMS 8 - 25 - 0 x \$18.00 \$0.00 Multiple Dependent Claims (check if applicable)	AMEN	DMENT	TRANSMI	ITAL LETTE	R (Large Entity)			Pocket No.		
Invention: METHOD AND SYSTEM FOR CHARGING A SET ACTIVATION FER FOR PAY TELEPHONE USAGE FOR PAY TELEPHONE USAGE TO THE COMMISSIONER FOR PATENTS: Transmitted herewith is an amendment in the above-identified application. The fee has been colculated and is transmitted as shown below. CLAIMS AS AMENDED CLAIMS AS AMENDED CLAIMS REMAINING HIGHEST # NUMBER EXTRA RATE FEE 107AL CLAIMS 8 - 25 = 0 0 x \$18.00 \$0.00 INDEP, CLAIMS 2 - 3 = 0 x \$86.00 \$0.00 INDEP, CLAIMS (check if applicable) \$0.00 TOTAL ADDITIONAL FEE FOR THIS AMENDMENT \$0.00 TOTAL ADDITIONAL FEE FOR THIS AMENDMENT \$0.00 **No additional fee is required for amendment.** I Please charge Deposit Account No. 10 to cover the filing fee is enclosed. The Director is hereby surhorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 06-1130 Any additional filing fees required under 37 C.F.R. 1.18. Any patient application processing fees under 37 C.F.R. 1.18. The Director is hereby surhorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 06-1130 Any patient application processing fees under 37 C.F.R. 1.18. The Director is hereby surhorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 06-1130 Any patient application processing fees under 37 C.F.R. 1.18. The Director is hereby surhorized to charge to the filing fees required under 37 C.F.R. 1.18. Charge of the payment and fee is being deposited on the light of the following fees associated with this document and fee is being deposited on the light of the following fees associated with this document and fee is being deposited on the light of the following fees associated with this document and fee is being deposited on the light of the following fees associated with the document and fee is being deposited on the light of the following fees associated with the following f	Applicant(s): W. DAVID CONLEY							99029 (BLT0197)		
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Multiple Dependent Claims (check if applicable) TOTAL ADDITIONAL FEE FOR THIS AMENDMENT No additional fee is required for amendment. Please charge Deposit Account No. in the amount of A check in the amount of to cover the filing fee is enclosed. The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 06-1130 Any additional filing fees required under 37 C.F.R. 1.16. Any potent application processing fees under 37 CFR 1.17. Dated: August 3, 2004 Marisa J. Dubuc Registration No. 46,673 CANTOR COLBURN LLP Signature Dated: August 3, 2004 I certify that this document and fee is being deposited on with the U.S. Postal Service as first class moli under 37C.F.R. 1.8 and is addressed to the Idoontictly, CT 06002 Telephone (860) 286-2929 Facsimite (860) 286-2915 Customer No. 36192						RATE				
Multiple Dependent Claims (check if applicable) TOTAL ADDITIONAL FEE FOR THIS AMENDMENT \$0.00 **No additional fee is required for amendment.* Please charge Deposit Account No. in the amount of A check in the amount of to cover the filing fee is enclosed. The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 06-1130 Any additional filing fees required under 37 C.F.R. 1.16. Any patient application processing fees under 37 CFR 1.17. Dated: August 3, 2004 **Signature** Dated: August 3, 2004 **Technical Read South Bloomitical, CT 60002 Telephone (860) 286-2929 Facsimile (860) 286-2929 Facsimile (860) 286-2915 Customer No. 36192							.00	\$0.00		
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Marisa J. Dubuc Registration No. 46,673 CANTOR COLBURN LLP 55 Griffin Road South Bloomtield, CT 06002 Telephone (860) 286-2929 Facsimile (860) 286-0115 Customer No. 36192	☐ Please ch ☐ A check I ☐ The Direct communi ☐ Any	narge Dep n the amo tor is her cation or additiona	oosit Account Nount of eby authorized credit any over I filing fees req	to cover the to cover the to charge payme payment to Depos uired under 37 C.I	filing fee is enclosed. nt of the following fees as sit Account No. 06-1130 F.R. 1.16.	sociated v	with this	.		
co:	Registration No. CANTOR COLB 55 Griffin Road S Bloomfield, CT 0 Telephone (860) 2 Facsimile (860) 2 Customer No. 36	46,673 URN LL1 South 6002 186-2929 36-0115			I certify that this class mail under 3 for Patents, P.O. Box 1	document ar with 7C.F.R. 1.1 450, ALexal	the U.S 3 and ndria, VA	. Postal Service as first is addressed to the 22313-1450.		